

IMPACT OF COVID-19 QUARANTINE ON CHILD SEXUAL ABUSE: EXPERIENCE OF CHILD ADVOCACY CENTER

COVID-19 İZOLASYON DÖNEMİNDE ÇOCUK CİNSEL İSTİSMARI: ÇOCUK İZLEM MERKEZİ DENEYİMİ

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ABSTRACT

Objective: We aimed to evaluate the characteristics of child sexual abuse reports and the affecting factors during the pandemic compared to the pre-pandemic period.

Materials and Methods: The study included 506 children and adolescents admitted to the Child Advocacy Center (CAC). Case and control groups were determined according to the time of admission (first 15 months of the pandemic and 15 months before the pandemic). The data were obtained by retrospectively examining the files, forensic investigation reports, family evaluation reports, and other documents in the files of the children in the legal process.

Result: Cases applied to CAC during the pandemic decreased by 16 percent. Sexual abuse reported by teachers and professionals such as public servants decreased from 30% to 4.7%. However, abuse through online platforms doubled. Finally, recurrent domestic abuse increased significantly during quarantine ($p<0.001$).

Conclusion: The pandemic changed the way CAC is admitted and the specifics of abuse. The teachers and public servants reported fewer incidences of sexual abuse during the pandemic period. In addition, the form of abuse shifted to the online platform, and recurrent domestic abuses have increased. Professionals working in the field of sexual abuse should keep in mind that the possible effects of these changes may continue after the pandemic.

Keywords: Child abuse, COVID-19, social media

ÖZET

Amaç: Bu çalışmada, pandemi sırasında çocuk cinsel istismarı bildirim özelliklerini ve ilişkili faktörleri pandemi öncesiyle karşılaştırmalı olarak değerlendirmeyi amaçladık.

Gereç ve Yöntem: Çalışmaya Çocuk İzlem Merkezine (ÇİM) başvuran 506 çocuk ve ergen dahil edilmiştir. Çalışma ve kontrol grupları başvuru zamanına göre belirlenmiştir (pandeminin ilk 15 ayında ve pandemiden önceki 15 aylık zaman diliminde). Veriler, dosya incelemeleri, adli soruşturma raporları, aile değerlendirme raporları ve yasal süreçte çocuğun dosyasındaki diğer belgeler incelenerek retrospektif olarak toplanmıştır.

Bulgular: Pandemi döneminde ÇİM'e başvuran vakalarda %16'lık bir azalma gözlemlendi. Öğretmenler aracılığıyla yapılan bildirimlerin %30'dan %4,7'ye düştüğü belirlendi. Çevrimiçi platformlar üzerinden gerçekleşen istismarın iki kat arttığı tespit edildi. Karantina döneminde tekrarlayan aile içi istismarda anlamlı bir artış görüldü ($p<0,001$).

Sonuç: Pandemi, ÇİM'e başvuru türünü ve istismarın spesifik özelliklerini değiştirmiştir. Öğretmenler ve kamu çalışanları gibi profesyoneller aracılığıyla yapılan bildirimlerde azalmaya yol açmıştır. Ayrıca, istismar türünde çevrimiçi platforma doğru bir kaymaya ve aile içi gerçekleştirilen tekrarlayan istismarlarda artışa yol açmıştır. Bu değişikliklerin etkilerinin pandemi sonrasında da devam edebileceği düşünülmektedir.

Anahtar Kelimeler: Çocuk istismarı, COVID 19, sosyal medya

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INTRODUCTION

Child sexual abuse (CSA) is a broad term that covers any completed or attempted sexual harassment of children, including sexual contact, penetration, incest, and commercial sexual exploitation of children (1). It is a significant public health problem with an estimated prevalence of 4-9% in males and 12-35% in females (2). Despite the devastating long-term effects on abuse victims' physical and psychological health, only a small proportion of cases are reported to judicial authorities. Child Advocacy Centers (CAC) are multidisciplinary specialized units that aim to facilitate and optimize reports of child sexual abuse incidents and prevent secondary traumatization of children in judicial processes (3). The first CAC in Turkey was opened in 2010, and currently, there are 62 CACs across the country.

Since the onset of the COVID-19 pandemic, radical changes have occurred in different areas of children's activities of daily living, including the increased use of digital technologies on academic and social platforms, increased time spent at home, and suspension of extra-curricular activities. While the literature on the effects of extreme life events such as disasters and conflicts are scarce, a few studies have reported increased violence and all forms of abusive acts against vulnerable groups, including children (5,6). Studies have suggested that during the COVID-19 pandemic, cases of sexual abuse increased, and patterns and locations of abuse changed (7,8). During the COVID-19 pandemic, the increasing use of digital media in different areas of life, including work and educational settings, as well as socialization and leisure activities, has increased (9,10). The characteristics and patterns of CSA events may change with the increased use of social media and gaming platforms.

On the other hand, not only CSA patterns but also reporting of CSA events can be affected by school closures, suspension and/or slowdown of legal processes, and limited availability of medical departments and other child protection facilities (11). Some factors such as age, gender, type of CSA, and relativity of perpetrator to the child affect disclosure status, to whom, and when to disclosure (12). There are few studies reporting an increase in CSA events during the COVID-19 pandemic (11,13,14). Data collection sources and study methods (emergency services, online surveys, etc.), the time period selected during the pandemic, and the cultural/regional characteristics of the studies may partly explain these controversial findings.

In this cross-sectional study, we aimed to evaluate the characteristics and associated factors of CSA events during the pandemic compared to the pre-pandemic period.

MATERIALS and METHODS

A total of 506 children and adolescents admitted to CAC with suspected CSA were included in the study. Cases applying to CAC within the first 15 months of the pandemic (April 2020-May 2021) were accepted as the study group, and cases applying to CAC in the 15 months before the pandemic (January 2019-March 2020) were selected as the control group. Data were obtained from file reviews, forensic investigation reports, and family assessment reports. During the data collection process, care was taken to keep the subjects' personal information confidential and not violate the individuals' privacy and confidentiality. This study was approved by Sakarya University, Faculty of Medicine Ethics Committee (Date: 29.05.2021, No: 302).

An assessment form was developed in order to obtain the subjects' information about age, gender, socioeconomic status, legal domicile, family support, any given psychiatric diagnoses, the reporter of the event, type of CSA, the relation of the perpetrator to the child, the number of perpetrators, the effect of social media, reoccurrence of CSA, and first and last dates of the CSA incident.

Statistical analysis

The SPSS 22.0 program was used for statistical analysis. Descriptive statistics were applied to determine the minimum, maximum, mean, standard deviation, and frequency of the data. The distribution of variables was evaluated with the Kolmogorov-Smirnov test. The Mann-Whitney U test and independent-sample t-test were used in the analysis of quantitative data. The chi-square test and Fisher's precision test were used in the analysis of qualitative data. A p-value of 0.05 was considered statistically significant.

RESULTS

A total of 506 children and adolescents referred to our CAC between January 2019 and December 2020 were included in the study. The study group included 213 (42.1%) cases admitted during the pandemic. The control group included 293 (57.9%) cases before the pandemic. There was no difference between the two groups in terms of age ($12.62 \pm SD$ and $12.49 \pm SD$, respectively, $p=0.665$) and gender ($p=0.268$). The socioeconomic status was significantly different between the two groups ($p<0.001$). The sociodemographic information is summarized in Table 1.

In the study, it was found that there was a difference between the periods ($p<0.05$). Regarding the source of information, there was a significant increase in parental reporting during the pandemic (54.9% in the study group and 39.2% in the control group, $p<0.001$) and disclosure of CSA by teachers, who made almost one-third (30%) of the declaration of abuse events before the pandemic, decreased more than six-fold (4.7%) during the pandemic ($p<0.001$). While the frequency of CSA through online

Table 1: Sociodemographic information on child victims of abuse

Demographic characteristics of the abuse victim		Admission period			
		Before pandemic		During pandemic	
Average age		12.49		12.62	
Data		n	%	n	%
Age group	Before adolescence	64	21.8	50	23.5
	Adolescence	229	78.2	163	76.5
Gender	Female	229	78.2	175	82.2
	Male	64	21.8	38	17.8
Socio-economic status	High	29	9.9	55	25.8
	Middle	138	47.1	150	70.4
	Low	126	43	8	3.8
Place of resident	Province	166	56.7	96	45.1
	District	126	43	92	43.2
	Village	1	0.3	25	11.7
Family support	No	50	17.1	37	17.4
	Yes	243	82.9	176	82.6
Total		293	100	213	100

platforms (social media, telephone, internet, etc.) was 12.6% in the pre-pandemic period, this almost doubled (23.5%) during the pandemic ($p<0.05$). A significant difference was observed between the periods in the transactions with the stakeholder institution (Directorate of Family and Social Policies) ($p<0.05$). Accordingly, it was determined that the rate of children for whom no action was taken (such as requesting a pregnancy test, placing under protection, requesting a social investigation, changing schools, etc.) before the pandemic was 68.9%, while this rate increased to 83.1% during the pandemic. It was determined that the rate of children for whom social investigation was requested decreased from 22.5% to 9.9%, and the rate of children taken into institutional care decreased from 5.1% to 2.8% (Table 2).

The pandemic has been evaluated as a factor that may affect the reporting time for recurrent abuses. Only the files containing reporting time information of recurrent abuse ($n=206$) were included in this comparison from among the files that experienced recurrent abuse ($n=235$). Conversely, 29 recurrent abuse files were excluded due to missing data. The chi-square analysis showed a significant relationship between the duration of reporting of recurrent abuse and pandemic periods ($p<0.05$). Accordingly, it was found that the rate of reporting between 0-7 days before the pandemic (25.7%) almost doubled during the pandemic (47.6%). No significant difference was found in single-time abuse cases ($p>0.05$) (Table 3).

Table 2: Information about abuse

Information about abuse		Admission period			
		Before pandemic		During pandemic	
Data		n	%	n	%
Reporting by ($p<0.001$)	Parent	115	39.2	117	54.9
	Self-reports	22	7.5	36	16.9
	Teacher	88	30	10	4.7
	Public employee	21	7.2	14	6.6
Abuse recurrence ($p<0.02$)	Other	47	16	36	16.6
	Yes	123	42	112	52.6
Type of abuse ($p>0.05$)	No	170	58	101	47.4
	Non-penetrating contact	81	27.6	70	32.9
Online abuse ($p<0.001$)	Contact with penetration	183	62.5	117	54.9
	Non-contact	29	9.9	26	12.2
	Yes	37	12.6	50	23.5
Closeness to the perpetrator ($p>0.05$)	No	256	87.4	163	76.5
	Relatives living in the same house	58	19.8	38	17.8
	Relatives living in separate households	63	21.5	38	17.8
Psychiatric diagnosis ($p>0.05$)	Acquaintance	137	46.8	112	52.6
	Foreigner	35	11.9	25	11.7
Procedure conducted at CAC ($p>0.05$)	Yes	260	88.7	187	87.8
	No	33	11.3	26	12.2
	No action taken	203	69.3	137	64.3
Procedures with stakeholder institution ($p<0.001$)	Forensic and mental examination	86	29.4	73	34.3
	Other	4	1.4	3	1.4
	No action taken	202	68.9	177	83.1
Total	Institutionalized	15	5.1	6	2.8
	Institutional care continues	10	3.4	9	4.2
	Social investigation demanded	66	22.5	21	9.9
Total		293	100	213	100

Table 3: Recurrent abuse reporting periods

Period		Recurrent abuse reporting period					Total
		Day 1-7	Day 8-30	Months 2-6	Month 7 -Year 1	Year 1 - Over	
Before the pandemic	n	26	30	19	16	10	101
	Period %	25.7	29.7	18.8	15.8	9.9	100.0
	Recurrent abuse %	34.2	68.2	45.2	69.6	47.6	49.0
	Total %	12.6	14.6	9.2	7.8	4.9	49.0
During the pandemic	n	50	14	23	7	11	105
	Period %	47.6	13.3	21.9	6.7	10.5	100.0
	Recurrent abuse %	65.8	31.8	54.8	30.4	52.4	51.0
	Total %	24.3	6.8	11.2	3.4	5.3	51.0
Total	n	76	44	42	23	21	206
	Period %	36.9	21.4	20.4	11.2	10.2	100.0
	Recurrent Abuse %	100.0	100.0	100.0	100.0	100.0	100.0
	Abuse %	36.9	21.4	20.4	11.2	10.2	100.0

P=0.002

The study determined that recurrent abuses significantly increased statistically during the pandemic compared to the pre-pandemic period (before pandemic: 42%, during pandemic: 52.6%, $p=0.018$). Accordingly, while the proportion of children exposed to recurrent abuse by a relative living in the same house was 44.8% before the pandemic, this rate increased to 73.7% during the pandemic ($p<0.001$) (Table 4).

DISCUSSION

In this study, we aimed to evaluate the sociodemographic characteristics and abuse-related characteristics of the cases which were brought to the CAC with suspicion of abuse within 15 months during the pandemic and before the pandemic. During the pandemic period, several of the practices, such as community-wide quarantine, interruption of education, and social distancing, were implemented as preventive measures. At the same time, academic education and, at times, special education support could not be provided face-to-face. Children spent more time in the environment they lived in and with the people in that environment. Problems such as economic difficulties, difficulties in accessing shelter and food, and stress that comes with the pandemic and social isolation have created significant risk factors for child abuse (5).

Despite the slowing down of judicial proceedings during the pandemic, CACs in our country continued to accept judicial notifications for CSA. There was a 16% decrease in the total number of referrals during the pandemic compared to the 15 months before the pandemic. In a cross-sectional study from a different location, there

was a decrease in both forensic procedures and ongoing medical procedures in the first months of the pandemic (15). Similarly, studies conducted in Türkiye have also reported a decline in referrals to CACs (16,17). In different states of the USA, there was a decrease in the rate of reports of child maltreatment in the first months of quarantine (14). Although it is stated that the number of referrals to the hospital regarding child neglect and abuse has decreased, the rate of violence has increased, specifically in the cases requiring hospitalization (6,11). In addition, it has been argued that this decline does not reflect the reality due to disruptions in official notifications caused by the pandemic (6). In contrast to these data, it was assumed that there was a significant increase in the number of children admitted to the emergency room due to sexual abuse during the pandemic period in studies conducted in African countries and that this rate might be higher due to the difficulties experienced by families in accessing services during the pandemic period (7,13). It is assumed that quarantine will increase abuse and that restricted living will be a barrier to official reporting (5).

The age group and gender distribution of the children in our study were found to be similar between the groups. It was found that the adolescents (ages 12 to 18) and female gender constituted the majority of the cases. According to the literature, being adolescent and/or female is a risk factor that increases CSA (2,18). Consistent with our findings, in another study conducted with a similar design but in another province in Türkiye with a smaller number of cases, it was stated that age and gender-specific findings did not change during the pandemic period (16).

Table 4: Recurrent abuse and perpetrator closeness by period

Period	Closeness of the abuser						Total
	Relative living in the same house relative	Relative living separately	Acquainted	Foreigner			
Before the pandemic	No recurrent abuse	n	32	28	79	31	170
		Abuse %	18.8	16.5	46.5	18.2	100.0
		Abuser closeness %	55.2	44.4	57.7	88.6	58.0
		Total %	10.9	9.6	27.0	10.6	58.0
	Recurrent abuse exists	n	26	35	58	4	123
		Abuse %	21.1	28.5	47.2	3.3	100.0
		Abuser closeness %	44.8	55.6	42.3	11.4	42.0
		Total %	8.9	11.9	19.8	1.4	42.0
	Total	n	58	63	137	35	293
		Recurrent abuse %	19.8	21.5	46.8	11.9	100.0
		Abuser closeness %	100.0	100.0	100.0	100.0	100.0
		Total %	19.8	21.5	46.8	11.9	100.0
During the pandemic	No recurrent abuse	n	10	20	55	16	101
		Abuse %	9.9	19.8	54.5	15.8	100.0
		Abuser closeness %	26.3	52.6	49.1	64.0	47.4
		Total %	4.7	9.4	25.8	7.5	47.4
	Recurrent abuse exist	n	28	18	57	9	112
		Abuse %	25.0	16.1	50.9	8.0	100.0
		Abuser closeness %	73.7	47.4	50.9	36.0	52.6
		Total %	13.1	8.5	26.8	4.2	52.6
	Total	n	38	38	112	25	213
		Recurrent Abuse %	17.8	17.8	52.6	11.7	100.0
		Abuser closeness %	100.0	100.0	100.0	100.0	100.0
		Total %	17.8	17.8	52.6	11.7	100.0

It was determined that the applications of those with poor socioeconomic status decreased significantly during the pandemic period. This may be related to the fact that individuals from lower socioeconomic status may have experienced more difficulties in accessing governmental facilities and experienced more economic inadequacy during the quarantine period. Another explanation for this finding might be that the family itself might become a source of neglect and abuse toward children and ado-

lescents. Due to the economic uncertainties during the pandemic period, employment declined, and job losses and economic difficulties emerged (14). Economic uncertainties accompanying the pandemic may negatively impact the child-parent dynamic, constitute an additional stress factor, and lead to more problems in children's mental health. Studies in the literature have emphasized that economic recession is directly related to increasing child abuse (19). In addition to forensic and medical pro-

cedures, the first steps taken in CAC are to carry out interventions to protect the child when necessary (health, care, and social examination, etc., which are foreseen to be implemented by Article 5 of the Child Protection Law). In this context, our findings suggest that the decrease in the number of social examinations and the number of children taken into institutional care during the pandemic period suggests that children with high familial risk factors have difficulties in accessing services.

Another finding of our study was that the individuals reporting the CSA events were different between the groups. While there was an increase in family reports and self-reports by children, there was a decrease in reports made by teachers and governmental employees. Social isolation, broken families, domestic violence, economic difficulties, and isolated families are reported as risk factors that facilitate child abuse (20,21). Negative familial factors may constitute a heightened risk for abuse, and family support may be a factor that facilitates disclosure of CSA events. Spending more time with parents and increased intra-familial interaction may facilitate the disclosure of abuse. Although the underlying factor cannot be predicted, in cases where there were not enough support resources, children preferred to report their own abuse in order to stop their abuse during the quarantine period. Consistent with our findings, other studies conducted during the pandemic reported a decrease in the declaration and reporting of abuse through official channels (5,22). In a study by Katz and colleagues, the researcher examined eight developed and eight developing countries worldwide. The decline in reports through school was emphasized, and it was argued that schools play a crucial role in detecting and revealing neglect (23). It can be said that the disruption of formal education and the transition to online education systems during the pandemic also affected the role of individuals reporting abuse. Moreover, the decrease in the rate of abuse reported by teachers has led to an increase in reporting by parents and the children themselves during the pandemic.

Regarding the type of CSA (face to face - non-penetrating contact/penetration with/no contact), no significant difference was observed for both periods ($p>0,05$), while online (social media, phone, internet, etc.) abuse increased significantly during the pandemic period ($p<0.05$). During the pandemic, as in most countries, students had to use digital platforms to attend classes at home and continue their education (24). This has indirectly led to an increase in the use of social media (10). U-Report's international research found that 47% of respondents in their study under the age of 19 reported increased negative experiences experienced through online platforms (exposure to inappropriate content, cyberbullying, hate speech, harassment, and unwanted contact) due to increased screen time during the COVID period (25). One study

found that almost half of the online abuse participants experienced it for the first time during quarantine (9). Our findings led us to consider increased internet use as a risk factor that increases the child's vulnerability to online sexual abuse victimization. In addition, considering that children continue to use social media for various purposes in the process of adapting to everyday life today, it can be assumed that the effect of digital platforms on CSA characteristics will be permanent.

It was found that there was no significant change in the level of closeness of the abuser, both groups had similar characteristics, and the majority of the abusers were familiar people other than relatives such as lovers, friends, and neighbors. However, it was determined that the repetitive nature of the abuse caused a significant change in both the reporting process and the intimacy level of the abuser. Accordingly, it was observed that the notification period was earlier (between 1-7 days) during the pandemic period. Considering that most of the reporting individuals were family members, it can be said that the pandemic period enabled early recognition of abuse symptoms by parents at home.

Regarding the level of closeness of the abuser in repeated abuse events, it was found that the abuse perpetrated by relatives living in the same house during the pandemic period changed significantly ($p<0.001$) and increased almost two-fold compared to the pre-pandemic situation. This finding may show that the perpetrators in abuse cases shifted from strangers to acquaintances because of the pandemic, which creates a vital risk environment for recurrent abuse. In the study conducted during the pandemic period, it was stated that the majority of people in the household were the perpetrators of sexual abuse (7). In the pandemic, sharing the same house with the abuser, more time spent with the abuser, staying away from the teachers who play an active role in identifying sexual abuse, or limited contact with people who can be reached outside the family have been evaluated as factors that increase the risk of repeated abuse.

The study is limited to 506 cases. The study was planned and completed in a single center due to the pandemic period we were in, which is considered one of the limitations of the study. On the other hand, since it was a retrospective file review, no psychiatric diagnostic scale form could be used on the victims.

CONCLUSIONS

Our study showed that there was a significant decrease in child sexual abuse reported by teachers and public officials during the quarantine period. For this reason, educators can organize awareness-raising training on sexual abuse for children attending school. Furthermore, public institutions with which children interact, such as education

and health, can provide risk assessments for child abuse. Children at risk can be observed more closely and protective measures can be taken. The increasing sexual abuse of children and adolescents through social media was another result. In this regard, safe internet use training can be given to children and parents. In addition, it is recommended to provide appropriate social media access and follow-up by families according to the developmental period of the children.

Ethics Committee Approval: This study was approved by Sakarya University Medical Faculty Ethical Committee (Date: 29.05.2021, No: 302).

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